

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1963

-63-002761

Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10780

20780

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pascola Township</i>		Length of stay in 1b <i>25 Years</i>	c. CITY OR TOWN <i>Hayti</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>R. 1 Hayti</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R. 1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Henry</i> Middle <i>Saxton</i> Last <i>Saxton</i>		4. DATE OF DEATH Month <i>January</i> Day <i>24</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-27-1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	9. AGE (last birthday) <i>62</i> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Devalls Bluff, Ark.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Perry Saxton, deceased</i>		13b. MOTHER'S MAIDEN NAME <i>Matilda Jones, deceased</i>	
14. NAME OF HUSBAND OR WIFE <i>Mamie Saxton</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>[Redacted]</i>		17. INFORMANT <i>Mamie Saxton R. 1 Hayti, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per 1b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic fibrosarcoma of Thorax</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>months</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>4:45 P.M.</i> Month, Day, Year <i>Oct 21, 1962</i>	20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Caruthersville, Mo.</i>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>Oct 21, 1962</i> to <i>Jan 24, 1963</i> and last saw him alive on <i>Jan 24, 1963</i> Death occurred at <i>4:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M. D.</i>		22b. ADDRESS <i>Caruthersville, Mo.</i>	
22c. DATE SIGNED <i>1-26-1963</i>		22d. LOCATION (City, town, or county) (State) <i>R. 1 Hayti, Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-27-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Johns Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>R. 1 Hayti, Mo.</i>
24. FUNERAL DIRECTOR <i>Osborn Funeral Home, Wardell, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-28-63</i>	26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>

FEB 4 1963

FEB 13 1963

FEB 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. Debus

Licensed Embalmer No. 4785

P. O. Address Wardell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.